

**DECLARATION AND POWER OF ATTORNEY
(NONPROVISIONAL APPLICATION)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

**TAMPER RESISTANT CO-EXTRUDED DOSAGE FORM CONTAINING AN ACTIVE AGENT AND AN ADVERSE AGENT AND
PROCESS OF MAKING SAME**

and for which a patent application:

- ☒ is attached hereto and includes amendment(s) filed on October 20, 2005 (if applicable)
- ☐ was filed in the United States on as Application No. (for declaration not accompanying application)
with amendment(s) filed on (if applicable)

- ☒ was filed as PCT international Application No. PCT/US04/012776 on April 21, 2004 (if applicable)

I hereby authorize and request my attorneys at Duane Morris LLP to insert herein parentheses (Application No. _____ filed _____)
the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE
60/464,295	April 21, 2003

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
PCT/US04/012776	April 21, 2004		XXX	

POWER OF ATTORNEY: As a named inventor, I hereby appoint Practitioners at Customer Number 42109, all of Duane Morris LLP, whose address is 380 Lexington Avenue, New York, New York 10168 and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:		DUANE MORRIS LLP 380 Lexington Avenue, New York, NY 10168 PTO Customer No. 42109		DIRECT TELEPHONE CALLS TO: DUANE MORRIS DOCKETING 212-692-1863	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
2 0 1	FULL NAME OF INVENTOR	LAST NAME Oshlack	FIRST NAME Benjamin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY New York <i>Boca Raton</i>	STATE OR FOREIGN COUNTRY New York <i>Florida</i>	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 350 South Ocean Blvd., Apt. 3D	CITY Boca Raton	STATE OR COUNTRY Florida	ZIP CODE 33432
	SIGNATURE OF INVENTOR 201 <i>B. Oshlack</i>			DATE 18 August 2006	
2 0 2	FULL NAME OF INVENTOR	LAST NAME Huang	FIRST NAME Hua-Pin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Englewood Cliffs	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 68 Birch Street	CITY Englewood Cliffs	STATE OR COUNTRY New Jersey	ZIP CODE 07632
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205			DATE	

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			YES <input type="checkbox"/>	NO <input type="checkbox"/>

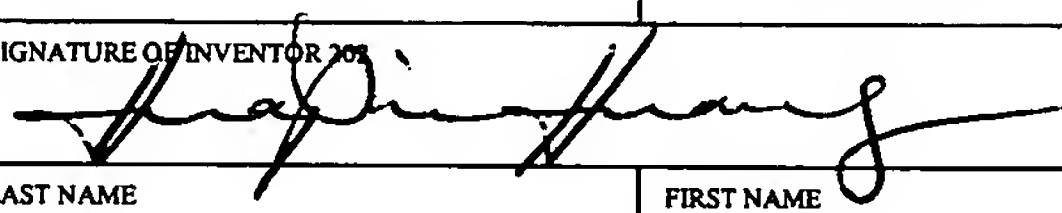
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201	FULL NAME OF INVENTOR	LAST NAME Oshlack	FIRST NAME Benjamin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY New York	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 350 South Ocean Blvd., Apt. 3D	CITY Boca Raton	STATE OR COUNTRY Florida	ZIP CODE 33432
	SIGNATURE OF INVENTOR 201			DATE	
202	FULL NAME OF INVENTOR	LAST NAME Huang	FIRST NAME Hua-Pin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Englewood Cliffs	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 68 Birch Street	CITY Englewood Cliffs	STATE OR COUNTRY New Jersey	ZIP CODE 07632
	SIGNATURE OF INVENTOR 202 			DATE Aug 1, 2006	
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 203			DATE	
204	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	
205	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205			DATE	